

TRANSITION PLAN

For Complying with the CMS Home- and Community-Based Services Medicaid Rule

FOR THE STATE OF NEW HAMPSHIRE

The CMS-approved New Hampshire transition plan can be found at:
<https://www.medicaid.gov/sites/default/files/2023-05/nh-appvd-plan.pdf>

The CMS-approved New Hampshire Corrective Action Plan (CAP) can be found at:
<https://www.medicaid.gov/sites/default/files/2023-09/nh-appvd-cap.pdf>

SITE-SPECIFIC ASSESSMENTS

The Centers for Medicare & Medicaid Services (CMS) required states to conduct validated, site-specific assessments of all provider-owned or controlled settings.

Types of Settings/ Residents and Funding Authorities	<p>The New Hampshire Department of Health and Human Services (NHDHHS) operates four HCBS waivers: Developmental Disabilities Waiver (DD), Acquired Brain Disorders Waiver (ABD), In-Home Supports Waiver, and Choices for Independence Waiver (CFI).</p> <p>ABD/DD Waiver Settings (as of December 2022):</p> <ul style="list-style-type: none">• Community Residence (typically, adult foster care home or staffed residence): 1046• Community Residence (4 or more):22• Residential Treatment and Rehabilitation: 3• Community Participation Services (CPS) & Employment Services: 63• Participant Directed and Managed Services (PDMS)*: 770• Personal Care Services (PCS)*: 80• * Services may be provided in individual/private homes.• Total DD/ABD Sites: 1,984 <p>CFI Waiver Settings (as of December 2022):</p> <ul style="list-style-type: none">• Adult Day Services: 13• Adult Family Care Residence: 3• Residential Care: 73• Total CFI Sites: 89
Compliant/Non-Compliant	<p><u>ABD/DD Waiver Compliant/Non-Compliant (as of December 2022):</u></p> <p>Total number of provider settings presumed fully compliant with HCBS characteristics: 0</p> <p>Total number of provider settings that could be in compliance with remediation plan: 1,983</p> <p>Total number of settings that are presumed non-HCBS and require further action: 1</p> <p><u>CFI Compliant/Non-Compliant (as of December 2022):</u></p>

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	<p>Total number of provider settings presumed fully compliant with HCBS characteristics: 0</p> <p>Total number of provider settings that could be in compliance with remediation plan: 86</p> <p>Total number of settings that are presumed non-HCBS and require further action: 3</p> <p>NOTE: New Hampshire received approval of its corrective action plan (CAP) on September 28, 2023. The CAP provides updated timeframes for completion of site-specific assessments and heightened scrutiny activities. Therefore, settings classifications in the STP may be out of date. The CAP sets November 30, 2023 as the deadline for completion of validation reviews for settings in the ABD/DD Waiver. According to the CAP, by May 15, 2024 the state will complete remediation of presumptively institutional settings in accordance with its amended rule and CMS determination letter from April 2019. The state will conduct public comment on any presumptively institutional settings by June 15, 2024 and will submit the list of settings to CMS by July 15, 2024.</p>
<p>Reasons for Non-Compliance</p>	<p>Settings are on the grounds or adjacent to a public institution.</p>
<p>Transition plans</p>	<p>A comprehensive assessment of the extent to which New Hampshire standards, rules, regulations and other requirements comply, do not comply or are silent with the Federal HCBS settings requirements was conducted by waiver type. An Advisory Task Force was established to provide consumer and stakeholder feedback on the development of the Statewide Transition Plan. The group includes representatives from a broad array of stakeholders, including those potentially most impacted by the new rules. There were 1,513 provider self-assessment responses from the initial provider self-assessment survey effort. Participant data was collected via survey to Area Agency staff and Case Managers and the Ombudsman’s office, Community Participation providers, and individual surveys conducted, when possible, at each validation site visit. Site visits were used to confirm data from the provider self-assessment. If a setting was presumed institutional and required heightened scrutiny, the state may request more information to confirm choice to submit to CMS. For settings found not in compliance, settings will work with the Transition Team and state to develop a remediation plan to come into compliance. Should the setting not come into compliance, residents and participants will collaborate with case managers to relocate to a setting in compliance with the HCBS requirements.</p>

SETTINGS PRESUMED INSTITUTIONAL

CMS presumes some settings have qualities that are institutional or isolating in nature. These settings must go through a heightened scrutiny review by CMS.

CMS presumes the following types of settings have institutional or isolating qualities:

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- *Category 1: Located in a hospital, nursing facility, or other institutional setting.*
- *Category 2: Located adjacent to a public hospital, nursing facility, or other institutional setting.*
- *Category 3: Have the effect of isolating people from the broader community.*

% Presumed Institutional (No. of Residents Affected)	.09% of DD/ABD settings presumed institutional 3.37% of CFI settings presumed institutional
Type of Setting/Residents	All 4 presumed institutional settings are residential.
Reason for Presumption	1 DD/ABD setting presumed institutional because it is on the grounds of a public institution. 3 CFI settings presumed institutional because they are on the grounds of, or immediately adjacent to, a public institution.
Heightened Scrutiny Process	DD/ABD Waivers Heightened Scrutiny Process: <ol style="list-style-type: none"> 1. If a setting is put on the potential heightened scrutiny list, the Waiver Transition Team will review submitted assessment tools and conduct on-site visits to determine if a setting should remain or be removed from the heightened scrutiny list. 2. If a request is made to CMS for heightened scrutiny the state will share the Request for Heightened Scrutiny information through the public notice procedure outlined by CMS. 3. The state will develop responses to public comments when they submit the proposed transition plan. Responses will include explanations as to why the state is or is not changing its decision. 4. Submit request to CMS, if needed. 5. If CMS approves the request, the provider/ Area Agency, individual(s), and the Office of Program Support will be notified. 6. If CMS does not approve the request and the request is under the Transition Plan, the state will use the remaining transition period to bring the setting into compliance or transition individuals/ coverage authority of a setting. CFI Waiver Heightened Scrutiny Process: <ol style="list-style-type: none"> 1. Upon review of the Provider Self-Assessment, trainings, on-site visit, and remediation plan (if one is needed), final determination as to whether to submit to CMS for Heightened Scrutiny. 2. If a request will be made for heightened scrutiny, the Heightened Scrutiny Summary Form and Final Recommendation Form will be completed. The Heightened Scrutiny Summary Form will be reviewed by the DHHS Commissioner. 3. If Summary is approved, the request will go out for public comment for 30 days. 4. Public comments are responded to and are submitted as part of the heightened scrutiny request to CMS.

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	<ol style="list-style-type: none"> 5. Submit request to CMS. 6. If CMS approves the request, provider, individual/family and Office of Legal and Regularly Services will be notified. 7. If CMS denies the request, the state will use the remaining transition period to bring the setting into compliance, transition to non-Medicaid reimbursement, or transition coverage authority to one not requiring provision in a home or community-based setting. <p>NOTE: New Hampshire received approval of its corrective action plan (CAP) on September 28, 2023. The CAP provides updated timeframes for completion of site-specific assessments and heightened scrutiny activities. According to the CAP, the state will conduct public comment on any presumptively institutional settings by June 15, 2024 and will submit the list of settings to CMS by July 15, 2024.</p>
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NON-COMPLIANCE COMMUNICATION

States must describe their process for notifying residents when a setting is unwilling or unable to comply with the rule, and supporting residents to select and transition to a new setting.

% Cannot/Will Not Comply (No. of Residents Affected)	New Hampshire’s plan is to ensure that all sites are in compliance with the HCBS expectations by the end of the transition period. All transitions to a new setting will include a transition plan and will be individualized based on the needs of the participant. If there is an indication that any provider will be unable to ensure compliance, the process below will be implemented.
Type of Setting/Residents	N/A
Reason for Determination	N/A
Communication Strategy	If needed, DHHS will issue a letter sent to participant/guardian/family within 30 days of determining that setting will not meet HCBS requirements and participants need to relocate. The letter will include the reason for relocation, options available, how the transition plan will be developed and implemented, expectations regarding critical services and supports and a notice of relocation process follow up survey.
Assistance to Residents?	<p>DHHS issues a letter within 30 days of determining the need for relocation.</p> <ul style="list-style-type: none"> • A meeting is held to develop an individualized transition plan for the relocation of the participant, facilitated by the service coordinator/case manager within 30 days of determination of need to relocate. • An Individualized Transition Plan is implemented, and a Transition Survey sent to participant. • Any issues identified through the survey process will be addressed. • Ongoing monitoring will be used to ensure compliance within new setting continues.

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ONGOING MONITORING

States must describe their planned process for ensuring ongoing compliance with the rule.

<p>Monitoring Procedures</p>	<p>DD/ABD Monitoring Goals:</p> <ul style="list-style-type: none"> • Ongoing oversight by Advisory Task Force, ensuring transparency of the process and the progress being made. The task force will participate in work groups and meet on a quarterly basis, or more frequently if needed, to monitor the status on remediation plan(s). • Complete additional site visits. • Use the quarterly satisfaction process required in He-M 503, Eligibility and the Process of Providing Services and He-M 522, Eligibility Determination and Service Planning for Individuals with an Acquired Brain Disorder to ensure ongoing compliance with HCBS expectations. • Analyze statewide complaint data to monitor trends, identify focus areas and action plan. • Analyze statewide employment data to monitor the status of New Hampshire’s efforts regarding employment as it relates to the HCBS expectations. <p>CFI Monitoring Goals:</p> <ul style="list-style-type: none"> • Ongoing oversight by Advisory Task Force, ensuring transparency of the process and the progress being made. • Develop quality monitoring process for Adult Day Services settings. An assessment tool will be created, reviewed, and implemented by a workgroup and Waiver Transition Team. Data analysis will be shared via report to providers and Advisory Task Force. • Develop quality monitoring process for Assisted Living Settings. An assessment tool will be created, reviewed, and implemented by a workgroup and Waiver Transition Team. Data analysis will be shared via report to providers and Advisory Task Force. • Implement ongoing quality monitoring process for Case Management Agencies. Interviews with staff and participants will be recorded and data analyzed to create a report. Corrective Action Plans will be created if needed. • Analyze statewide complaint data to monitor trends, identify focus areas and action plan. • Enhance the Risk Identification, Mitigation and Planning (RIMP) Process. • Complete additional site visits.
<p>Quality Assurance Measures</p>	<p>Quality Assurance monitoring methodologies will incorporate the addition of monitoring performance measures that ensure compliance with HCBS Settings Rule.</p>